

**SELECT COMMITTEE INTO ALTERNATE APPROACHES TO
REDUCING ILLICIT DRUG USE AND ITS EFFECTS ON THE COMMUNITY**

Establishment — Motion

Resumed from 10 October on the following motion moved by Hon Alison Xamon —

- (1) A select committee examining alternate approaches to reducing illicit drug use and its effects on the community is established.
- (2) The select committee is to inquire into and report on —
 - (a) other Australian state jurisdictions and international approaches (including Portugal) to reducing harm from illicit drug use, including the relative weighting given to enforcement, health and social interventions;
 - (b) a comparison of effectiveness and cost to the community of drug-related laws between Western Australia and other jurisdictions;
 - (c) the applicability of alternate approaches to minimising harms from illicit drug use from other jurisdictions to the Western Australian context; and
 - (d) consider any other relevant matter.
- (3) The select committee is to report no later than 12 months after the motion is agreed to.
- (4) The select committee shall consist of five members: Hon Alison Xamon (Chair); Hon Samantha Rowe (Deputy Chair); Hon Colin de Grussa; Hon Michael Mischin; and Hon Aaron Stonehouse.

HON DR SALLY TALBOT (South West) [1.10 pm]: I am glad to be able to continue my remarks this week on this important motion, having made a contribution last week. I have already drawn attention to the fact that Hon Alison Xamon has focused in her motion on the harm reduction aspect of this important issue, and I congratulated her on doing that, noting that although we frequently talk about the reduction of supply and demand and put policies in place to address those two elements of the problem, we seem to speak less frequently about harm reduction. I think that is a neglected area of this topic. I therefore look forward to seeing the work that the committee is able to do over the coming 12 months to enlighten us and add to our understanding of that aspect of mitigating the damage caused by illicit drug use to individuals and our community in Western Australia.

It is fantastic to see the grunt that has been given to this project by the calibre of the members who have been put onto this committee. The approach I will be taking in making these comments is to canvass the issues that I would canvass were I a member of this select committee. I say also that were I a member of this committee, I would be trying to maximise the amount of productive time that the committee devotes to certain issues.

I talked in my earlier contribution about the Senate inquiry into the issue of methamphetamine. That inquiry did not come to a conclusion, but it did produce a couple of reports along the way. The reason the inquiry did not come to a conclusion is that it straddled two Parliaments. I am sorry. It did come to a conclusion, and it produced a substantive set of recommendations. I had been drawing the attention of the house to two of those recommendations when my time was cut short by the adjournment of the debate a week ago. I want to return to that subject and draw the attention of members to recommendations 9 and 13 of the report, both of which are specifically about harm reduction.

Recommendation 9 reads —

The committee recommends that the Commonwealth government ensures that future public awareness campaigns engender compassion towards drug users, and are targeted at and inform those people with the objective of encouraging them to seek treatment and support.

Recommendation 13 reads —

The committee recommends that the Commonwealth, state and territory governments re-balance alcohol and other drug funding across the three pillars of the National Drug Strategy (supply, demand and harm reduction strategies).

Those two recommendations are very significant and I think could form the basis of some very interesting hearings by the committee, which should be able to call a range of experts to talk around those subjects. A very important question that we need to ask ourselves is: if we adopted recommendation 9 not just in the letter but in the spirit, how different would our practical policies in Australia in general, and Western Australia specifically, look? I will read the recommendation again —

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The committee recommends that the Commonwealth government ensures that future public awareness campaigns engender compassion towards drug users, and are targeted at and inform those people with the objective of encouraging them to seek treatment and support.

Of course we encourage people to seek treatment and support. However, I can tell members from my personal experience and from the experiences that many of my constituents have brought to me over the years that individual users and families do not always feel, in practice, that they are being encouraged to seek treatment and support. The system can be very alienating for people seeking support, whether that be the people who are using illicit substances, or their families. People often feel very vulnerable when they approach services, particularly if the kind of help they feel they need will not be available to them in what they think is a timely fashion. We can extend that criticism across the field of the provision of mental health services. Obviously Hon Alison Xamon has had a lot of experience in the various roles she has played professionally in the Western Australian community. Therefore, that would be a very productive path for the committee to go down.

I also draw attention to chapter 4 of the Senate report, which is specifically about harm reduction measures. I have talked about recommendation 9. Paragraph 4.16 in chapter 4 contains a table that gives examples of evidence-based and practice-informed approaches to harm minimisation. None of this is rocket science. I make these comments within the context that I established at the beginning of my remarks, which is that the committee might adopt as its slogan or guiding principle for the coming 12 months the idea that for every complex problem, there is an answer that is neat, plausible and wrong. I understand that there are no easy solutions to any of this. However, it is very important to note that we already have documented examples of evidence-based and practice-informed approaches to harm minimisation. Those two key concepts ought to make the eyes of every policymaker and legislator light up. When we are dealing with proposals that are evidence-based and practice-informed, we have a much better chance of finding ourselves on solid ground than when we just go with the flavour of the moment or the latest thought bubble of some “expert”, without taking it to a stage at which evidence can be produced and evaluated properly.

The table in paragraph 4.16 lists five approaches. They are safer settings, diversion, bloodborne virus prevention, safer injecting practices, and replacement therapies. It also lists the strategies that go along with each of those five approaches. I will not go through the whole table, but, for example, under safer settings, the five strategies are chill-out spaces, availability of free water at licensed venues, information and peer education, emergency services responses to critical incidents, and maintenance of public safety. What a framework that would offer the committee in beginning to explore in more concrete detail what that kind of approach to these problems might look like in Western Australia.

A number of matters in chapter 4 are well worth drawing to the attention of the committee. There is a lot of Western Australian-specific evidence there. Matthew Creamer from the Western Australian AIDS Council gave evidence to the committee and talked about three critical points for consideration when determining a harm reduction response to addressing community needs while delivering lasting outcomes —

- first, ‘the need for an evidence-based response to the harms related to methamphetamine’;
- second, that ‘the evidence does not support the case that the number of users has increased’, rather evidence demonstrates ‘that there is higher usage amongst specific subpopulations’; and
- finally, that:
...negative media attention on similar and related health issues, such as HIV perhaps or hepatitis or other chronic health conditions, impede health promotion activities, prevention initiatives and access to suitable health care and treatment options.

That is a fantastic contribution to a body of evidence that must not just be used as a doorstop. It must be acted on by state and federal governments around Australia.

We also find reference in chapter 4 to the National Drug Research Institute at Curtin University; there is some fantastic work coming out of that institute. The institute’s evidence was —

... ‘[m]ass media campaigns in isolation are not generally recommended for issues that affect a relatively small proportion of the population’ as this may ‘increase interest and uptake’, it noted that evidence also suggests that ‘mass media campaigns can be made effective’ and ‘are most likely to have impact if complemented by’:

- ...(i) other evidence based strategies that prevent drug problems emerging and developing;
- (ii) targeted strategies that aim to reach sub-populations most at risk, particularly early in the development of problems to encourage them to seek treatment; and, (iii) a range of appropriate treatment options from brief and early intervention, to upskilling community-based services

That evidence continues at paragraph 4.41, for members who are interested.

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I leave that to the work of the committee. The report has a lot of valuable evidence that can be neatly packaged, so we would not have to re-invent that particular wheel because all the work has been done. I look forward to seeing how we can grow a homegrown Western Australian-specific strategy out of some of the evidence that is already on the record.

While I am talking about the National Drug Research Institute at Curtin University, I want to pay particular tribute to Professor Steve Allsop, who was single-handedly responsible for changing my view on how we ought to manage the use of illegal substances in Western Australia. I invited Steve to give a speech to a group I was convening at the time—this was a few years ago—and he gave a really illuminating account of how regulation works in other jurisdictions, where they have taken a slightly different approach to addressing the use of illicit substances from the one that we have taken in Western Australia. Steve Allsop was able to very clearly illustrate, through graphic mathematical evidence, the fact that we reach a tipping point at which it can be conclusively demonstrated that harm has been effectively reduced. His basic point—I do not have time to go into it now—is that if we totally deregulated the use of illicit substances, we would not minimise harm; we would not necessarily increase it from where it is at now, but we would have harm of a different sort. We can see that, for example, in countries that many Western Australians travel to, Indonesia being one of them. In parts of Indonesia it is not safe to have a gin and tonic because the alcohol might be adulterated with other substances. If there are no regulations that lay down a set of enforceable standards for how materials are produced, we can actually increase the amount of harm.

Hon Simon O'Brien: What sorts of places are you drinking in?

Hon Dr SALLY TALBOT: I am not taking interjections.

Steve Allsop showed that we reach a point on the continuum where, by decriminalising but regulating, we can actually reduce significantly the amount of harm. Steve Allsop is certainly somebody whose evidence I would recommend to the committee.

I want to say one more thing before my time runs out about another important area that I hope the committee has time to focus on: the use of illicit substances in our prisons. We know all the things that were wrong with the state when the McGowan Labor government came to office in March 2017, but I have come across one more piece of evidence about what was wrong with the state that has seriously alarmed me, and I do not think any member of this chamber could dissent from this. The Auditor General's November 2017 report "Minimising Drugs and Alcohol in Prisons" contains a wealth of statistical information and I recommend it to all honourable members. With regard to the Department of Corrective Services, he found —

The Department's most recent approach to minimising drugs and alcohol ended in 2014.

That means that by the time of the state election in 2017, this state had effectively not had a policy or strategy for minimising drugs and alcohol in our prisons for three years. That is a shocking indictment of the situation in WA. How could the previous government have allowed that policy to lapse? It would have known it was lapsing, but it did nothing about evaluating the previous strategy and putting a new one in place. Clearly, we need one; anecdotally, the reality in Western Australia is that for drug addicts, prison is one of the most comfortable places to be because in prison their supply is guaranteed. I am sure that that is an overblown statement but, nevertheless, all honourable members will have heard it being said. That is something that the committee needs to look at very, very seriously. I hope it can come back and tell us that it is not true, but I fear that because the state for nearly three years had effectively no drug and alcohol strategy for prisons, there will be more substance to that claim than overblown rhetoric. This is a very, very serious thing.

I know that the Labor government is addressing this and that all of the Auditor General's recommendations were accepted by the new Minister for Corrective Services. I know that there are now strategies being put in place, not least of which is the drug facility specifically for people in the care of the Department of Corrective Services, at Wandoo Rehabilitation Prison, but what a terrible indictment on the previous government that we went all that time without a proper strategy in place.

The Auditor General's report continues —

The Department does not have a comprehensive understanding of the extent of drug and alcohol use in each prison and across the prison system. Work is needed to ensure its centrally controlled intelligence and drug testing systems provide these insights. Routine tests for all commonly used drugs and greater consideration of existing intelligence led test and search results would also significantly improve the Department's understanding of the job it faces and inform the development of a new strategy.

I know that Minister Logan has been hard at work; he leads a magnificent team of people with a high degree of skill and expertise in getting their heads around these problems. I am confident that, at some stage—hopefully later this year, which is the time line laid down by the Auditor General—we will see a new strategy rolled out, and

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that it will begin to take effect. But what a low base to come from, and what a disgrace that we allowed this to happen in this state.

Honourable members will be familiar with these statistics, but the reality is that 80 per cent of appearances in court are of people who have problems related to substance abuse, whether they are prescription or illicit drugs. That means that 80 per cent of the courts' time is taken up dealing with people who have drug and alcohol-related problems, yet the previous government allowed its strategy for the care of the prison population to lapse. That is a shocking thing. I pay tribute to Minister Logan and his team for the work I know they are doing at the moment to rectify that terrible deficit.

I could have said many more things about this motion. I am glad it has the emphasise on harm reduction. We need an evidence-based examination of the situation in Western Australia. We need to make sure that we have our priorities right. The word "perverse" is often used by critics of the current system, and I have already made reference that it is clear to me that something needs to change; we cannot keep doing what we are doing now because it is not working. Many of the critics of that system call our current range of policies and practices perverse. Let us have a good hard look at just how perverse those policies and practices are and make sure that we have our priorities right. The bottom line is that we should not give up on people. I did a lot of reading around the Portuguese experience—because obviously Hon Alison Xamon has drawn attention to that in this motion—where they have decriminalised drug use and are producing some spectacularly good results that we would give our eyeteeth for in Western Australia if we could even start to replicate them here. One of its founding principles is that it does not give up on people. Sadly, it appears that our current range of practices and policies are tending toward at least giving the impression that that is what we do in Western Australia. Congratulations to Hon Alison Xamon.

HON SIMON O'BRIEN (South Metropolitan) [1.31 pm]: I think the motion should be agreed to, despite the efforts of the previous speaker to talk us all out of it. We revisit this issue over and over again. We have just heard from the previous speaker about how useless the previous administration was in this space and how wonderful Minister Logan and others are. That is going to help a lot; that really helps a lot! This government, I understand, is supporting this motion and the establishment of this select committee. Is it really? Is it seriously supporting the establishment of this select committee? Silence from the government benches.

Hon Stephen Dawson: It's not question time, member. Are you making a contribution? This is a debate.

Hon SIMON O'BRIEN: All right, I will make a contribution then. I cannot even get a squeak out of the government benches to confirm what has already been said, that the government is indeed supporting this motion—bah humbug.

Hon Alanna Clohesy: It's on the record that we are.

Hon SIMON O'BRIEN: Bah humbug!

Hon Alanna Clohesy: That is on the record.

Hon SIMON O'BRIEN: What is on the record?

Hon Alanna Clohesy: That the government is supporting this motion.

Hon SIMON O'BRIEN: And I say bah humbug to you. I call your bluff over this. If we have to listen to the insult that was the previous speaker's contribution, then I say to you that I am going to call you for the phoneys and the frauds that you are, because you do not support this select committee.

Point of Order

Hon MARTIN PRITCHARD: I think that it is appropriate to address comments to yourself, Madam President.

The PRESIDENT: Yes, you are right and I am sure that Hon Simon O'Brien was intending to do that.

Hon SIMON O'BRIEN: Obviously I am addressing my comments to the Chair, but I am also trying to show a spirit of inclusiveness and corporate goodwill while I am about it.

The PRESIDENT: Member, I think there is quite a spirit in your debate, and you might want to tone it down.

Debate Resumed

Hon SIMON O'BRIEN: There is going to be a bit more. We have been just listening to some insulting remarks from the previous speaker that have impelled me to get up and make a contribution. If anybody does not like it, blame her.

I have just said, of the government's attitude to the establishment of this select committee, put its poison back in the bottle. The government party says it supports the establishment of this select committee. I say that I do not believe it and we will find out in due course, because what is this select committee going to achieve? I think it will achieve some very good things. The members of the proposed committee will all benefit from the experience.

I think they will benefit by broadening their own horizons from meeting and talking with people who have expertise in the several fields that are referred to in the process, and as a result they will all grow as individuals and have a greater capacity to contribute to debates of all sorts. There will be that benefit. They will also report about a range of matters into how we can have better alternative approaches than what we are doing now to reduce illicit drug use and its effects on the community. That would be a very good thing if we could do that, because our community is suffering the effects of illicit drug use, no question about it. Before the committee travels to Portugal, or wherever it keeps proposing to go, if they go to the Royal Perth Hospital emergency department any day of the week, they will find that. Clearly something is not right, not by the standards of our community. We are not Damascus, Beirut, Mosul or Raqqa. This is Perth, Western Australia. We are all affronted by the adverse effects of drug abuse in our community. We are all on the same page about that. Time and again we have had inquiries into what we will do about it. Heck, a former Labor government even had a Drug Summit in this very chamber, with appointed people, not elected people, sitting around here on the pretence of providing advice to government about how to solve the drug issues of the day. Of course, it was all about rubberstamping what the government proposed to do, and then in due course when it got that rubber stamp, the government of the day then backflipped and did something different anyway.

If members want to find out about alternative strategies to what is currently happening, a number of sources are already available to members from this very house. We just heard the previous speaker, in a lucid moment, commenting about the availability of illicit drugs in prisons, how they are rife, and how the former government did not do anything about it and all the rest of it. It is the same all over the world. If there is one place a person who wants to get hold of drugs could go, it is a prison, because concentrated in them is all the expertise about getting and distributing illicit drugs. I remember Hon Peter Foss describing in here a visit he had had to the privatised prison industry in Kansas. One prison was conspicuous for not having so-called illicit drug problems within its walls to anything like the extent of every other prison in the western world. That was the one that had banned smoking. It banned tobacco in this prison and so all the smuggling and illicit trading expertise contained in that prison community was basically given over to getting tobacco and cigarettes illicitly into the prison for the prisoners' consumption. I am making some eye contact with the mover of the motion here, and I think she's intrigued by that sort of lateral thinking.

I would also urge our putative select committee chair to look at the Standing Committee on Estimates and Financial Operations report from, I think, 1999, chaired by Hon Mark Warriendar Nevill, that went to a number of places to look at how we can reduce that specific problem in prisons. We—indeed Mark's intrepid band included yours truly—looked at a number of places in a number of jurisdictions where they were trying new ideas, the sort of thing the member's proposed select committee is looking for, in how we can deal with this apparently eternal and insoluble problem. So we went to prisons that had set up establishments called drug-free wings. That seems silly, because the average prison governor, or whatever term they go by, would say, "Oh, yes, we have no drugs in this prison", or, "Our aim is to not have any drugs in our prison." But recognising that every prison is awash with drugs, it seems, and also recognising that prisoners were in there because of their problems with drugs, and all the problems that in turn had visited on those prisoners' families and other innocent people, it had led those prisoners to reflect on what they had done, and they wanted to get off the drug that had brought them to that point. They wanted to be in a drug-free environment to enable their own rehabilitation and detoxification, so drug-free wings were set up in a number of prisons—I imagine they are still around the place. The Minister for Corrective Services made an announcement about having a drug-free portion of a prison in Western Australia, and I applaud that if that is what is being done.

In 1998 or 1999, or whenever it was, we discovered that there was a queue a mile long of prisoners wanting to get into and be accommodated in a drug-free wing. Now, what is a drug-free wing? A drug-free wing is a discrete part of a prison—prisons are generally fairly secure areas and different areas can be isolated—for prisoners who want to be able to get off drugs; they do not want to be exposed to all the drugs that are around them and being offered to them by criminal elements. A drug-free wing was somewhere in which they could have that sort of environment, and there was an extraordinary amount of extra scrutiny. If governments want to walk the walk when setting up a drug-free wing in a prison, they have some walking to do to keep up the sort of security required. There will have to be ongoing searches of everyone who goes into such an area. It is not only the prisoners, officers and psychiatrists; it is also the prison governor—him or her—and even members of visiting parliamentary delegations. They have to be searched. Everyone has to be searched every time. It is not a random this or a bit of a risk of that—it is everyone, every time. It takes some doing.

Hon Alison Xamon: There are a number of CCC reports that back up that assertion.

Hon SIMON O'BRIEN: Hon Alison Xamon could probably even find ones earlier than our 1999 report.

I will return to my opening remarks in a moment as a way of drawing all this together. I do not intend to take up all the time, because other members might want to participate in this debate. I wanted to draw my friend's attention

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to that, because she is just the sort who will be able to show the leadership, as Chair, that such a select committee will require to pick this up and run with it. Part (4) of the motion identifies the other proposed members of this select committee, and I think that is just the membership we need who will be prepared to have a go at this. But we have to understand that the sort of strategies available—I have mentioned just one because it was raised before—show that things can be done if there is the determination to do it. They are not a magic bullet solution. A drug-free wing can be set up in a prison, but it is hard and there has to be the will to do it. I tell members something else: the queue of prisoners wanting to join others in that drug-free wing will stretch right round the rest of the prison yard. Many people are in prison because of their misadventures with drugs. One thing they can at least do while they are doing time—apart from suffering with withdrawal and being offered illicit substances at whatever price; the price can be very, very high and ongoing—is to get off the stuff, and they want to. Is that not what the rehabilitation aspect of our prisons is meant to be about? Of course it is. That is just one strategy that has to be employed. It is when we visit the emergency department at Royal Perth Hospital, as I am sure Hon Alison Xamon has, and talk to some staff there and perhaps experience being there at two o'clock on a Sunday morning and seeing the meth heads who come in there and cause absolute havoc, that we see we have a problem. It needs stern measures.

In talking about stern measures, I am not one of the “flog 'em, hang 'em, shoot 'em” brigade, though from time to time there are one or two people in respect of whom I might make an exception—none of them are in here, of course. But if we are going to be tough on drugs, it has to be done in a sensible way. It is not about just locking people up and putting out media releases saying, “We're going to crack down on this and be tough on that”, because we know that is not the solution. I look forward to the committee looking at alternative approaches and thinking laterally. One approach might be how we deal with prisoners, but I know the committee also has to focus on people not getting to that stage in the first place.

The term “harm minimisation” was used by the previous speaker and a lot of others. It means different things to different people. To some it is just a signal of, “Let's be soft on drugs. People will use illicit drugs, so let's make sure we can minimise the harm so they can do so as safely as they can. We will set up needle exchange programs and education programs”, and so on. That might work for some people and in some ways, but it sure as heck does not go anywhere towards tackling the near endemic problem we have in some parts of our own city. Nonetheless, I have always been a big advocate of trying to stop the problem before it starts, whether it is illicit drug abuse and all the havoc that goes with that or any other sort of problem. An ounce of prevention is worth a pound of cure, with due respect to anyone who is offended by clichés.

Hon Darren West: I avoid them like the plague.

Hon SIMON O'BRIEN: I hope I have not incurred the wrath of the Metric Conversion Board in talking about pounds and ounces as well!

I have a bit of a background in the detection of illicit drugs. I am acquainted at least with free market philosophy, and the laws of supply and demand work in drug matters as with anything else. Before I came into Parliament I was part of the Australian Customs and Border Protection Service. My final position—the best job in all of customs, actually—was that I was in charge of the mighty team 4 at Perth international airport; a distinguished unit, if ever there was one. Just before I left, we made the biggest seizure of pure heroin at Perth Airport at that time—it has possibly been surpassed since—of 15 kilograms net. That was a commercial concealment of some 10 identical packages. They were made in some factory somewhere. We did not think it was destined for the Perth market at that time, such was the quantity, but, anyway, I will tell members about that at another time. Similarly, ever since then, how frequently have we seen some senior police officer, border enforcement officer or Minister for Police at some media gathering with a background showing the name of their department, and a big pile of some sort of seized drugs on the table in front of them, saying that this big quantity of meth is now not going to be on the streets, and we all say, “Good on you!” They say it is worth some fantastic amount of money, which is generally a notional maximum if it were cut to street level and sold at the maximum amount going. They say it is great because they have stopped it going onto the streets. No, they have not! They are dreaming! They are kidding themselves! Supply will always be there to meet demand. If they think they are going to stop illicit drug use being abroad on the streets of Perth by seizing, through any means possible, all that anyone ever tries to bring in, they are dreaming. The demand is there and it will be fed! I am aware of what are called drug mules in the tabloid media—we called them couriers—who are sacrificed by the syndicate running them to attract the attention of law enforcement authorities on a particular day so that the bigger main shipment can come in unmolested. That is what happens. It is supply and demand. My point in all that, which I commend to members' attention, is that demand reduction is what it is all about. Collectively and individually, many of us in this place have sought all sorts of strategies to do that. Advertising campaigns reinforce to kids that drugs are not cool and that if they use drugs or tobacco or get drunk, they will not look cool; they will look like an idiot. If that sort of message gets through to kids, it stops them doing it.

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How on earth we can reduce the demand for meth in our community is a goal that everyone is reaching for, but we do not know how to reach it. This select committee might potentially do a whole lot to identify means by which we might go about working towards that goal, although it will probably never be totally achieved. I just throw in a few of those ideas, and if the committee manages to drag out that report—I think it was from 1999—that is just one report that might be of use to it. It is probably written in old-fashioned Middle English or something, but members will be able to decipher it. There have been plenty of others. There are plenty more ideas in that report alone about the subject. I think I have made my point, so I do not have to labour it any longer.

In my opening remarks I nearly woke up members on the government benches by challenging them about whether they were dinkum about supporting this select committee and I came out with the outrageous proposition that I did not think they were. The government might vote to set up a select committee, but then what is it going to do with it? Probably about as much as happened with that report from 1999 and any one of a number of other select and standing committee reports that have come out of this and that have made strenuous inquiry to produce all sorts of things.

Hon Stephen Dawson interjected.

Hon SIMON O'BRIEN: One such report, of course, was into hydraulic fracturing, which I think the minister was seeking to remind me of. That was a good report. It was non-partisan, as I am sure the report of this select committee will ultimately be and one that we can all rely on. If that is the case, why is it that governments or government agencies will not act on these recommendations? Why do we not see a regime of, for example, a wholesale embracing, in the 20 years since, of the idea of drug-free wings in prisons? I referred earlier to a flickering move in that direction that was announced by the government some while ago, but I sure as heck have not seen much progress. I do not see a concerted effort. I see more of the “lock 'em up” mentality from both sides of government in attempts to out-tough each other instead of dealing with the problem. Similarly, agencies tend to use all this as an opportunity to accrue ever bigger staff numbers and ever bigger amounts of public resources to work on projects. However, the projects never seem to come to an end. Agencies are burgeoning, but we do not seem to get the prospect of the recommendations of this sort of committee being taken seriously. That is what I intended with my opening verbal challenge to the government.

Hon Samantha Rowe: Member, would you take an interjection?

Hon SIMON O'BRIEN: I should be delighted, without any sense of unruliness, Madam President.

Hon Samantha Rowe: Does the member think that we should be tough on those who are trafficking?

Hon SIMON O'BRIEN: Absolutely. That is part of the supply and demand equation.

Hon Samantha Rowe: We need to be tough on those who are trafficking.

Hon SIMON O'BRIEN: We need to be absolutely tough and absolutely uncompromising in certain aspects of this. I said some things that might have made people wince a little bit when I spoke about the lengths that have to be gone to to have a drug-free wing in a prison. It is hard stuff.

Hon Colin Tincknell: Governments have to act on it.

Hon SIMON O'BRIEN: Governments have to act on it.

I am not so sure that we have successive governments and government agencies that are prepared to go to the lengths that I am alluding to. I base that on what I have observed of so many committee recommendations that are essentially good, and I think that is a great pity. I pose the challenge to this government: what is it going to do about this select committee's findings? That is what I meant when I said that I did not think it was genuinely supporting the select committee. I think the government has made the decision that this committee is probably going to get set up by the house, so it will go along with it, but is there any investment or intent on the part of the government to take note of what is happening here? Through this select committee, a powerful tool is potentially at the government's disposal. It will be made up of a multi-party membership of elected members of our community, with powers to send for persons, papers and advice, and they can then come up with some very considered recommendations after up to 12 months of real hard extra work. When the committee is set up, I would like to see it well supported by this government, including some undertakings in principle to take the recommendations seriously. In due course, governments give responses. They say that they are looking into this or that they have tried that and it did not work—whatever they want to come up with. All I know is that I am getting fed up with seeing the same things coming forward from committees of this place and governments cheerfully ignoring the very good advice they have received because someone in some agency somewhere sees it as a criticism when they are called upon to change the way they have always done things and resists. That is what happens. If departments accept that what they have been doing for the last 10 or 20 years does not work and they have to do something differently, that is admitting that they had it wrong and they did not have the capacity or wit to realise it and change. That is the institutional problem that we have always had to deal with. Maybe that is the sort of thing we need a committee to inquire into —

Hon Samantha Rowe: I'm not sure our committee is going to fix that one!

Hon SIMON O'BRIEN: Maybe not, but it might be worth a committee having a look at the fate of the multiplicity of recommendations that have come up over the years on, for example, drug abuse and prisons. What happened to all those good ideas? Why have they not worked? If they have not been tried, hell, then what we are doing certainly is not the answer completely either.

Before I sit down, I want to place a couple of caveats on what I have said. First, a heck of a lot of what is happening now is worthwhile, because if we did not have the efforts of law enforcement officers, harm minimisation programs and everyone else in this space, I imagine that the harmful effects being visited upon our community would be magnified no end. I am not advocating the view that everything we are doing is wrong or pointless or has utterly failed—no, no, no! I am saying that we have a serious problem that is ongoing and will not go away, therefore, there are other things that we need to do. It is with that spirit that I ask the government how dinkum it is about supporting a select committee to look into these matters. I will leave my remarks at that.

I have a high degree of confidence that with the proposed membership, this select committee will be able to prosecute its job without fear or favour. It will have such luminaries as Hon Michael Mischin, who is not shy and retiring; and Hon Samantha Rowe, with whom I have previous experience working on committees—I remember some fine reports were returned by that committee. Hon Colin de Grussa is a fine fellow, whom I am currently working with on a standing committee; and Hon Aaron Stonehouse is, of course, capable of independent thought as well. I am interested in making a contribution to the committee informally outside the chamber if this select committee is indeed set up, because there are a few places where the committee needs to start looking for some good ideas that can be built upon. I agree with the previous speaker that the motion should be supported.

HON SAMANTHA ROWE (East Metropolitan — Parliamentary Secretary) [2.00 pm]: I am pleased to rise to make a contribution to the debate. I support Hon Alison Xamon's motion. I also very much look forward to participating on the select committee if it does get up. I understand that most people across the chamber support the select committee and I look forward to working with my parliamentary colleagues who will also be on that committee. As other members have stated, I think we have a very good cross-section of members who will be participating. Hon Alison Xamon and Hon Michael Mischin have backgrounds in law, which I think will be really important. The committee will have a representative for the regions and rural Western Australia with Hon Colin de Grussa, and I think that is really important, too. We have not touched on the effect of illicit drugs in the regions in the debate a lot; I am not about to go down that path in my contribution. But I think the make-up of the committee—also with Hon Aaron Stonehouse and his views—means it will be set up with some really good members. It will be difficult—that is for sure.

All the contributions to the debate we have heard so far have raised some really interesting issues for the committee to consider, particularly the path the committee may want to go down or whether it wants to specialise in a particular area. The terms of reference are quite broad at the moment, but the committee will make those decisions, no doubt.

I will touch on two areas in my contribution this afternoon. First, the decriminalisation of illicit drugs in Portugal and then I will touch on the effects of meth and ice in our communities. I suppose, for me, I see a lot of what is happening in our communities, with people coming into the electorate office. I feel that that is where the epidemic is, and we really need to look at ways in which we can support those who are addicted to meth. That is where I thought I would focus my contribution this afternoon. I am not sure whether other proposed members of the committee have come across an interesting and detailed article published in *The Guardian* in December last year about what Portugal did about drugs and some of the problems and things to look out for if one were to go down that path. I do not want to go through the entire article; it is a huge article of 12 pages. But I want to share some of the article with the chamber to give a bit of context to this debate. The article is titled "Portugal's radical drugs policy is working. Why hasn't the world copied it?", and reads —

When the drugs came, they hit all at once. It was the 80s, and by the time one in 10 people had slipped into the depths of heroin use—bankers, university students, carpenters, socialites, miners—Portugal was in a state of panic.

...

"People were injecting themselves in the street, in public squares, in gardens," ... "At that time, not a day passed when there wasn't a robbery at a local business, or a mugging."

... one in every 100 Portuguese was battling a problematic heroin addiction at that time, but the number was even higher in the south. Headlines in the local press raised the alarm about overdose deaths and rising crime. The rate of HIV infection in Portugal became the highest in the European Union.

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... there was a lot of ignorance back then. Forty years of authoritarian rule ... in 1933 had suppressed education, weakened institutions and lowered the school-leaving age, in a strategy intended to keep the population docile. The country was closed to the outside world; people missed out on the experimentation and mind-expanding culture of the 1960s. When the regime ended abruptly in a military coup in 1974, Portugal was suddenly opened to new markets and influences. Under the old regime, Coca-Cola was banned and owning a cigarette lighter required a licence. When marijuana and then heroin began flooding in, the country was utterly unprepared.

In 2001, nearly two decades later —

... Portugal became the first country to decriminalise the possession and consumption of all illicit substances. Rather than being arrested, those caught with a personal supply might be given a warning, a small fine, or told to appear before a local commission—a doctor, a lawyer and a social worker—about treatment, harm reduction, and the support services that were available to them.

The opioid crisis soon stabilised, and the ensuing years saw dramatic drops in problematic drug use, HIV and hepatitis infection rates, overdose deaths, drug-related crime and incarceration rates. HIV infection plummeted from an all-time high in 2000 of 104.2 new cases per million to 4.2 cases per million in 2015. The data behind these changes has been studied and cited as evidence by harm-reduction movements around the globe. It's misleading, however, to credit these positive results entirely to a change in law.

Portugal's remarkable recovery, and the fact that it has held steady through several changes in government—including conservative leaders who would have preferred to return to the US-style war on drugs—could not have happened without an enormous cultural shift, and a change in how the country viewed drugs, addiction ... In many ways, the law was merely a reflection of transformations that were already happening in clinics, in pharmacies and around kitchen tables across the country.

The official policy of decriminalisation made it far easier for a broad range of services (health, psychiatry, employment, housing etc) that had been struggling to pool their resources and expertise, to work together more effectively to serve their communities.

The language began to shift, too. Those who had been referred to sneeringly as ... (junkies) became known more broadly, more sympathetically, and more accurately, as "people who use drugs" or "people with addiction disorders". This, too, was crucial.

It is important to note that Portugal stabilised its opioid crisis, but it didn't make it disappear. While drug-related death, incarceration and infection rates plummeted, the country still had to deal with the health complications of long-term problematic drug use. Diseases including hepatitis C ... and liver cancer are a burden on a health system that is still struggling to recover from recession and cutbacks. In this way, Portugal's story serves as a warning of challenges yet to come.

Any country would need to consider those things. The article continues —

If the heroin epidemic had affected only Portugal's lower classes or racialised minorities, and not the middle or upper classes, he doubts the conversation around drugs, addiction and harm reduction would have taken shape in the same way. "There was a point when you could not find a single Portuguese family that wasn't affected. Every family had their addict, or addicts. This was universal in a way that the society felt: 'We have to do something.'"

Portugal's policy rests on three pillars: one, that there's no such thing as a soft or hard drug, only healthy and unhealthy relationships with drugs;

I will be honest; I am not sure how I feel about that. I think with most drugs that may be a fair comment. I am not sure whether we can have any kind of relationship with meth or ice, but I might be wrong and it will be interesting to follow the evidence and see where we go. The second pillar is —

... that an individual's unhealthy relationship with drugs often conceals frayed relationships with loved ones, with the world around them, and with themselves;

That makes sense. The third pillar is —

... that the eradication of all drugs is an impossible goal.

I think we all here in this chamber recognise that. We will not be eradicating meth from WA. We will not be eradicating illicit drugs. It is about how we can reduce the harm for those who have become addicted. Before I move on from Portugal, I want to share part of an interview that was done back in 2015 with Dr Goulão, the Director-General of the General-Directorate for Intervention on Addictive Behaviours and Dependencies in Lisbon, Portugal, and heavily involved in the decriminalisation of illicit drugs. He was asked —

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What lessons could the United States and other countries learn from Portugal's approach to drug policy? Are there other aspects of Portuguese law and/or culture that might make Portugal's experience different from other countries?

His response to that was —

Two things we can surely say are that decriminalization does not increase drug use, and that decriminalization does not mean legalizing the use of substances. It's still illegal to use drugs in Portugal—it's just not considered a crime. It's possible to deal with drug users outside the criminal system. Furthermore, Portugal has a governmental structure specifically responsible for coordinating policy regarding illicit drugs and alcohol. It oversees the planning, conception, management, monitoring, and evaluation of the different steps of prevention, treatment, rehabilitation, and harm reduction in the field of drugs and alcohol. The agency ensures the improved coordination and monitoring of established policies and strategies, ensuring a comprehensive and integrated model of intervention in this area, implemented in partnership with the civil society organizations.

I think we will be able to look further into what has been done in Portugal and see whether that is relevant to what is happening here in WA. We may find that it is relevant or we may find that it is not.

Another area that I wanted to touch on is around meth, because the effects of meth in our community are quite devastating and far reaching as it affects not only the user or the individual who is addicted to meth, but it also has consequences for the individual's family members, personal relationships and community. A lot of us are seeing that in our electorates through issues that come to us in our electorate offices. I think it is important that we consider what is happening in our own backyard here in WA around meth. I am really pleased about the plans that we are already implementing as a government with the meth border force plan. Putting money into that area is fantastic. There is no silver bullet and we need to look at a long-term solution. I do not think there is a short-term solution. That is my opinion, but I guess we will see once we set up the committee. We need to look at it as a whole. Government absolutely has a role to play in this issue, as do private and not-for-profit service providers and the community. How do we want our community and our state to look into the future and are we prepared to look at new ideas and new ways of doing things? Is the public ready for that? I think it will be really interesting and challenging.

Hon Simon O'Brien: Before you conclude, can I ask a question?

Hon SAMANTHA ROWE: I am not concluding, so the member can interject.

Hon Simon O'Brien: With due respect to the Chair, one other thing that perhaps needs to be canvassed—I am not advocating it, but one thing you might want to contemplate as a committee is the prospect of wholesale legalisation of drugs. That is often advocated and dismissed. I would certainly dismiss it, but it might be something worth trying to measure, and the committee could give some advice about that.

Hon SAMANTHA ROWE: Yes. I am sure that the committee will take all those things on board.

Hon Simon O'Brien: I would be surprised if you come back with a recommendation to do it, but it would be a useful thing to —

Hon Alison Xamon: I would be surprised if it is not raised at some point during the committee.

Hon Alanna Clohesy: It is not about wholesale. It is about components of legalisation. It does not have to be widespread. It does not have to be every drug, does it?

Hon Simon O'Brien: Good point.

Hon SAMANTHA ROWE: I thank members for those interjections.

Going back to meth, I want to touch on the government's Methamphetamine Action Plan Taskforce, which was set up in June last year. As other members have already commented, there is a lot of material and evidence that we need to consider as a committee, but I think there are some really interesting comments in its paper titled "Methamphetamine Action Plan Taskforce: What the Taskforce Heard: June 2018", which states —

Recognising that more can and should be done to tackle the impact of methamphetamine use on individuals, families and the community, the Methamphetamine Action Plan Taskforce was appointed on 26 June 2017 to provide advice to the Government on how programs can be best delivered and targeted to areas of greatest need.

The Taskforce has engaged with the WA community to understand the challenges we face and help the Taskforce formulate its advice to Government on practical ways to reduce methamphetamine harm, supply and demand.

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I think it is good. As a committee, we want to look at practical things that we will be able to do in our community. The report also states —

The Taskforce held forums across WA to gather the views and insights of individuals and their families directly affected by methamphetamine, as well as frontline workers from the government and non-government sector.

I understand that the final paper should be ready later this year, so it will be interesting to see it when it comes out. There were very different views about the extent of the problem and how to respond. However, there were a number of clear themes from the task force consultations. The first one is probably pretty obvious—that is, a focus on prevention. Many members have already commented about wanting to prevent people from going down the path of taking meth and ice because it is a lot easier to catch it at the beginning, whether it be through educating younger people, making sure we have the right services to wrap around them rather than dealing with them once they get to prison. The report states —

There is universal support for more to be done to prevent particularly young people from taking up the use methamphetamine in the first place.

Many people felt that educating young people about methamphetamine in schools should be mandatory.

Some felt that harsher penalties for using and dealing in methamphetamine would deter people from using the drug, whilst others said this had not proved an effective deterrent and would be detrimental to addressing the issue.

The task force also said there should be earlier intervention. The report further states —

Many dependent methamphetamine users do not seek help even though they and their families are experiencing significant harms from their drug use.

By the time help is sought people's lives have often fallen into disarray, jobs are lost, homes are gone, relationships have been broken and children have gone into the care of others.

There is a small window between deciding to get help and when help needs to be provided, before dependent users return to using methamphetamine and retract from seeking help. Support needs to be made available as soon as the decision to seek help is made.

The task force also commented on reducing the stigma on those who have drug addiction. They said that it is hard to get help and people are not sure about where to go to get the services we provide. There was comment about families of individuals who have a drug addiction also needing support. I think that is really important because families, not just the individual family member, can suffer from the stigma. We also heard that people need assistance to help rebuild their lives. Of course, there is the personal cost and personal element attached to someone with a drug addiction. Some of the comments from the individuals and family members who participated in this consultation made the following comments —

“Meth isn't something you can decide to no longer use. It is a disease.”

“This is a sad and horrible drug that eats away at a person until the drug takes over and the person that used to be there is so deeply buried you lose hope of ever seeing them again.”

One parent is reported as follows in the report —

“[My] son is a long term user of methamphetamine. He was a kind thoughtful person but has change[d] into a self-centred erratic person. He now believes his use [of methamphetamine] has given him superior powers and insight as his brain fires off rapid thoughts. He has little motivation to change most of the time. It is heartbreaking to see him ruin what could have been a productive life. His intelligence is now wasted in a muddle of misfired thoughts that lead to nothing.

If this motion is successful and the committee gets up, and I understand it will, we certainly have a few challenges ahead of us. I will be interested to see what direction we take as a committee and whether we will focus on a particular area. There is certainly a lot for us to consider and I certainly hope that what we come up with at the end is very worthwhile and taken very seriously by everyone in this chamber. I thank Hon Alison Xamon for bringing this motion to us.

HON COLIN TINCKNELL (South West) [2.23 pm]: I will be brief because I know other members would like to make a contribution. I thank the other members who have made a contribution to this motion. Not too many people in this house will not support this motion. My contribution will be short and more of a personal nature and will reflect some experiences I have witnessed in my time.

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Even though this motion refers to reducing illicit drug use, I would like also for that proposed committee, if this motion succeeds, to look at the drug culture in our society. In the United States, millions of people are dying from the use of legal drugs. Although one of the terms of reference for this committee to address is the use of illicit drugs, I would like it to look also at the use of legal drugs. It worries me that in our society there is a culture that taking drugs can fix everything, when we need to steer away from drugs most of the time if we can. We have seen successful campaigns over the years to reduce the rate of cigarette smoking. We have been able to achieve one main thing—that is, we have made smoking uncool and unpopular. To some degree, we are an outsider if we smoke now. We have not achieved that with drugs, whether they be legal or illicit drugs. Obviously, a lot of people in our community think that legal drugs are safe when, in many cases, they are not; they are safe only to a point. I think there is a big misunderstanding in that area. On illicit drugs, when we see movie stars, rock'n'rollers and even very outstanding citizens in our society who participate in taking cocaine, ecstasy and other drugs, it is no wonder young people in our community are influenced by that. They are influenced by what celebrities do. If a celebrity is doing something, they think it is right and cool and they follow that behaviour.

It is a shame a One Nation member is not on this committee, but I am sure the members named on that committee will do a great job. Although we have always taken a massive stance against drug dealers and drug traffickers, we want them put away for life; we do not want them in our society at all. They are peddlers of death—not drugs; peddlers of death—and we will always be hard on them. However, I and the two members who sit beside me have had discussions on this area. We have looked at the world and have seen that with America leading the way and other countries coming on board, we have not achieved much over the last 50 years when it comes to the use of illicit drugs. Of course, the use of legal drugs has also become part of our culture. Many people die from the use of both legal and illicit drugs. We have not achieved much at all.

We often talk about what else can be done. We look at other countries that have made drugs legal in many cases and we are very keen to see reports on this. We understand that this is not an easy issue and should never be turned into a political issue and used as a political toy between parties. Although the previous government or the current government argue about many things, this is not something we should ever get into a political stoush about. I think everyone in this house and the other place agree that drugs are a scourge on our community.

I lost a son-in-law just months ago. He had a heart attack at a very young age. There is no doubt in our minds that drugs had a play in that. He was 36 when he passed away of a heart attack. I know what his past was, and so does his wife. They thought they had beaten this scourge on them. Unfortunately, even though he had given away drug taking and participating in those areas, the damage he had done to his body caught up with him, and he died at the age of 36 of a heart attack.

I am no expert, so I do not know what the figures are, but a major part of mental health problems is drug related.

The ACTING PRESIDENT (Hon Adele Farina): Order, members! The private conversations that are taking place in the chamber are too loud. If members need to undertake a private conversation, could they please leave the chamber.

Hon COLIN TINCKNELL: Thank you, Madam Acting President.

During the time I have been a member of this chamber, Hon Alison Xamon has been very outspoken about mental health and illicit drugs. We have been very impressed with her stance in this area. The One Nation party would encourage this committee to get into the deep hard questions that we all face when it comes to drugs in our community. We all need to take personal responsibility. Unfortunately, at times the young people in our community do not have great parents or mentors who are able to guide them in the right direction. Therefore, that responsibility often falls on teachers and other people in their lives. Young people often have difficulty in determining what is good for them. It is sort of cool to take cocaine and ecstasy and smoke dope. Some countries have made those drugs legal. That might be the answer. I do not know. I believe it is too early for our community to do that, because we do not know what the unintended consequences could be. However, we need to do something. I have mentioned the campaign against cigarette smoking. When I was a young fellow, a lot of my friends—young 30-year-olds—were dying from cancer because they had smoked cigarettes. That is still happening today, and it is happening too much. However, it does not happen in this country anywhere near as much as it did in the past. We are getting better and better at preventing deaths from cigarette smoking. I do not think the cigarette companies are too interested in us. They do not care about the fact that many western cultures have been able to cut the rate of cigarette smoking. They have other markets they can concentrate on. They are busy making a fortune in Asia and Africa.

Drug dealers are not peddling drugs. They are peddling death. The role of the committee will be to look for answers about what model we should follow—is it in Portugal or is it in Northern Europe? However, we also need to look at the unintended consequences. Is it too early? Do we know enough about those countries that have made drugs

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legal? I suspect the jury is still out on that question. However, we need to look at this issue and debate it. We need to be united on the fact that something needs to be done. It may be a case that we will gradually get to the place at which we want to be in five or 10 years. This problem will not go away quickly, and it will be very difficult to solve. We need to look at alternative approaches. That is a great thing. We cannot keep locking away people who have a health problem. Sending a drug taker to jail is even more likely to kill them, because there are more drugs in our jails than in any other place in our community. That is definitely not the answer. If drug takers are violent in getting the money to pay for their drugs, our laws state that we need to protect the community by putting them in jail. There are many consequences that we need to look at.

I support the committee and the mover of this motion. We will be following this very closely. If at any time the committee would like a contribution from the members of One Nation, we would be very happy to support the committee.

HON JACQUI BOYDELL (Mining and Pastoral — Deputy Leader of the Nationals WA) [2.34 pm]: I rise to make a very brief contribution to this debate. I am not the lead speaker for the National Party on this issue. However, I indicate to the house the National Party's support for this motion and for Hon Colin de Grussa to be a member of this committee. Hon Colin de Grussa is unfortunately away from the chamber on urgent parliamentary business. Therefore, I take this opportunity to indicate our support. I think the committee will produce an exceptionally valuable and interesting report for the government and this house to consider. I thank Hon Alison Xamon for bringing this motion to the house and look forward to the report that the committee will generate.

HON DARREN WEST (Agricultural — Parliamentary Secretary) [2.35 pm]: I, too, rise to support the motion moved by Hon Alison Xamon. I acknowledge that it is a good motion, and I acknowledge wholeheartedly our support for the formation of this select committee. I like this motion for a number of reasons, obviously including all the reasons that have been put forward by previous speakers. Business as usual is not working in this area; therefore, we need to be proactive and creative, as has been done in other countries in the world. I agree with Hon Colin Tincknell that this needs to be viewed as a health issue as well as a criminal issue. That is one way in which we can work away at demand. I also like this motion because it looks forward to how we as a government and a Parliament, and as a community, can change the way in which we work in the illicit drugs space and find new and proactive ways of dealing with this issue.

We are all touched by illicit drug use. My children are aged 23 and 21. Apart from my children driving on wheatbelt roads, the thing I worry about the most for those two young people is their exposure to illicit drug use by friends and colleagues, and by people in the community who encourage young people to engage in this behaviour. I have a special name for those people, but I will not use that term in this place because it is not parliamentary.

This motion looks forward to the future. The next motion on the notice paper that we will debate looks backwards. I am one who focuses on how we can change cultural and social behaviour in our society. We do that by having debates such as this and by engaging the right people to sit down and work through the possibilities and ways in which we might be able to tackle illicit drug use in the future. I think the balance of members on this committee is just right. We have a couple of progressive members in Hon Alison Xamon and Hon Samantha Rowe, a couple of members who are more conservative in Hon Colin de Grussa and Hon Michael Mischin, and Hon Aaron Stonehouse. I agree with Hon Simon O'Brien that Hon Aaron Stonehouse certainly has the capacity for independent thought. Despite the nature of Hon Aaron Stonehouse's party and its conservative approach, I think he will be able to engage in some progressive thinking as well. Therefore, we have a very good balance on that committee, and I am sure we can look forward to finding new and improved ways in which we can tackle the scourge of illicit drug use.

No doubt the terms of reference of this committee will be nailed down more fully. However, we certainly have an issue in this state with legal drugs—prescription drugs, alcohol and tobacco. I am not sure that this committee will have the time and resources to delve into that issue. It is a good start to work on illicit drug use, because that causes our society not only great angst, but also great cost in operating prisons and the like. However, we also need to turn our mind to how we might be able to adapt some of the ideas and recommendations that will come out of this committee inquiry to addressing the use of more mainstream drugs.

Alcohol certainly has a massive effect on our community and on the health system, and there is the family dysfunction, gambling and other mental health-associated issues that follow as a consequence. As Hon Colin Tincknell correctly pointed out, tobacco also certainly comes at a massive cost to society in imposts on the health system and premature loss of life to cancer. Maybe the committee might have at the back of its mind that some of the outcomes of this inquiry or what it is looking at doing could also spill over into more mainstream drugs of choice that are not illicit in nature.

I agree with Hon Simon O'Brien: governments need to be brave, and I think this government certainly has taken some steps in the right direction and has tried some new and radical thinking. It has come at a great cost to the

taxpayer, I might add, but I think it is what people want us to do. The committee also has the luxury of knowing that should there be good-quality findings and recommendations, the government will be prepared to listen, be brave and try new things. We have already established a methamphetamine rehabilitation prison; that was announced a while ago. We have opened an urgent care clinic that saw 300 patients in its first three months. These are the types of steps that we take at the beginning, and we will move forward on giving people the opportunity, should they wish, to get off drugs. I believe that when people are arrested and put in jail for illicit drug use or for finding themselves on the wrong side of the illicit drugs equation, it is a great opportunity for them to change their behaviour. That first point of prison contact is a great opportunity for them to change the way they think about their illicit drug use. I hope we will continue to move down that path, get people when there is still the possibility of them wanting to change their behaviour, and work with them and help them for the good of their own mental and general health.

As we know, Western Australia has some pretty unenviable statistics. We have the highest meth use in Australia—double the rate of some other states. We have the second highest heroin usage rates in Australia and the second highest hallucinogen usage rates in Australia. These are not things we should be proud of; these are things we should be tackling. Setting up this committee to have the capacity to be creative, proactive, progressive and brave will help us tackle those issues. Cannabis remains the predominant illicit drug in Western Australia, and the methamphetamine market is huge and very difficult to move on.

The government has already introduced the Methamphetamine Action Plan Taskforce, with the recruitment of specialised law enforcement personnel to tackle the problem, and we have allocated great sums of money to support the enforcement activities of the task force. We also have enhanced methamphetamine investigation teams; methamphetamine transport teams; methamphetamine money teams, which is a very important part of the equation; the Joint Organised Crime Task Force; and the methamphetamine investigation desk.

Hon Simon O'Brien: Are methamphetamine rates of use declining?

Hon DARREN WEST: They are, and I will get to that. I am not sure how much time I have left. I must say that I miss the clock! My understanding is that the last figures showed a slight decline in the metropolitan area but an increase in regional areas. I am a regional member, and that concerns me greatly. We certainly have had some very large hauls in the regions. As the honourable member quite rightly pointed out, with his background in the customs service, we get a proportion but we do not get it all. If we are intercepting more and more of those hauls, it probably tells us that we are missing more as well. I think that is an important point to note.

Hon Simon O'Brien: Good work on behalf of the police, though.

Hon DARREN WEST: Absolutely, and what a tough profession to be involved in. I certainly acknowledge the great work the police do, because what a hard area they work in—intercepting and catching drug traffickers and criminals. It must be a terribly difficult place to work because the traffickers are very highly organised. They have very good networks and work in a very sophisticated way. Given the vastness of Western Australia and the various aspects of the logistics and transport of these substances, it is extraordinarily difficult, so every haul is a good one because it shows the world that we are out there trying to stop this. It also rewards the great work of the police and makes it harder and harder all the time for traffickers to move their product to its final destination.

I will note some statistics that I have picked up. In 2015–16, methamphetamine operational efforts across WA resulted in 702.3 kilograms of methamphetamine seized. The following year, methamphetamine operational efforts resulted in only 185 kilograms seized, which is still a lot of methamphetamine but a vast reduction on the year before. In 2017–18, it was back up to 1 403 kilograms of meth seized, with 185 offenders charged, 80 remanded in custody and 21 persons charged with money laundering relating to meth offences. We have intercepted \$11.26 million in cash and approximately \$29.5 million in total assets—that is, cash, vehicles, real estate and other assets—subject to freezing notices from the proceeds of crime squad. Fifteen clandestine drug-manufacturing laboratories have been deconstructed, which supports the current meth landscape as being only an importation-based criminal activity. The raw materials are still being imported into Western Australia and the final refining of it happens here in Western Australia. There is a lot of information about this, and I know that the committee will investigate all of it, including all the things that have been raised by members today, including why we are seeing such increased rates of meth use in regional Western Australia and what we can do about it.

It is important to be brave and progressive because other governments around the world are being brave and progressive. I note that Hon Samantha Rowe—who I think will be a fine member of the committee—has talked about the experience in Portugal. I think it is worth investigating the testing of drugs at music festivals, and I think it is important to investigate safe injecting rooms and needle exchanges. They all have an impact on people's health. As I said at the start, and others agree, these also need to be looked at in the context of this being about people's health, as well as about criminal activity and behaviour.

Extract from Hansard

[COUNCIL — Wednesday, 17 October 2018]

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Hon Dr Sally Talbot; Hon Simon O'Brien; Hon Martin Pritchard; President; Hon Samantha Rowe; Hon Colin Tincknell; Hon Jacqui Boydell; Hon Darren West; Hon Robin Scott

We are doing a lot to hit the supply side, as I pointed out earlier, and we are doing a lot more as a government to tackle supply. We have specialist law enforcement personnel doing the important work of tackling supply. On the demand side, yes, let us look further at meth prisons and education programs in schools and prisons. We have a lot more to do. As I said, we have opened an urgent care clinic in Perth that has already seen a lot of clients.

Another point worthy of note and further investigation by the committee is that these important facilities that are set up to assist people with their methamphetamine use are often not welcome in many local areas. There is a stigma attached to them and nobody seems to want them in their backyard. I remember that around the time of the 2001 state election, Dr George O'Neil was looking to set up a naltrexone clinic to tackle heroin use in Northam. The performance by the local community at the time was quite embarrassing; it did not want clients walking around the streets, invading people's homes with their drug-affected behaviour. However, the people who were using Dr O'Neil's clinics, both here in Perth and in Northam—I have visited that clinic and the farm—were trying to end their association with heroin and other drugs, and they did not pose any great threat to the community. I note that in Sweden there are entire communities set up for the purpose of helping people get off illicit drugs.

We also have to deal with the community stigma. We want the government to do more because we all know someone who has been affected by illicit drugs and we can see the effect it has had on them, their families, extended families and social networks, but we also have a little bet each way because we do not want those facilities located near where we are. I note the performance of the City of Swan in opposing Shalom House in its local area. That is a good example of how the location of these services can meet resistance from community groups. These facilities are great places where we can work with people on their mental health issues, because, as we know, drug and alcohol use and abuse are often associated with mental health issues and other broader general health issues in the community. We can work with organisations in local communities to help support users and hopefully get them to change the way that they behave, setting themselves up for a better life. Ultimately, that is what we all want and what this is all about. This is all about a stronger, better society that is not inflicted by the scourge of illicit drugs. This is also about us as a collective, not just about us as individuals. I support the implementation of this select committee looking at alternative approaches and I look forward to its good work.

HON ROBIN SCOTT (Mining and Pastoral) [2.51 pm]: My contribution will be purely personal as a layman knowing nothing about drugs, but I feel that I have to say that this select committee is the most important committee that I have ever come across in the 17 months I have been in this chamber. I often see drug users walking past my office in Kalgoorlie–Boulder, and it is terrifying to watch how these young people are destroying their lives. Until three and a half weeks ago, I was prepared to lock up the drug dealers and users, put them in jail and throw away the keys—blah, blah, blah. However, three and a half weeks ago, I was in the Kimberley and I spent a week on a boat with a guy who was a prison officer at Casuarina Prison. He has completely changed my mind. The things he told me about drugs were absolutely incredible. He deals with the hard case dealers and users and he said that we will never solve this problem if we keep on the path that we are going at the moment. He told me how dealers will get a young kid who has a car. They will pick them up off the street and offer them \$20 000 to take a deal to Kalgoorlie, Karratha, Geraldton or wherever. There are not many 18 or 19-year-old guys who will knock back \$20 000. If they get caught, it does not matter; there are another 100 of them standing in the queue waiting to do the same job. We have backyard operators, international operators and dealers. These international dealers and couriers who get caught do three to four years jail here in prison, and when they go back to their own country, they go back as heroes. They have already been paid for the trip.

The ACTING PRESIDENT (Hon Adele Farina): Members, I do apologise but time for consideration of this motion has concluded, so I am not able to take any more speakers.

Question put and passed.